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111803

MAIL STOP: PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
ALEXANDRIA, VA 22313-1450

Express Mail No.: EL 992621042 US
Attorney Docket No.: 0492611-0526 (MIT 10181)
DATE FILED: NOVEMBER 18, 2003

UTILITY PATENT APPLICATION TRANSMITTAL

(FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 C.F.R. § 1.53(B))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

| Given Name (first and middle) | Family Name or Surname | Residence (City and State or Foreign Country) |
|-------------------------------|------------------------|---|
| Harry | Lee | 26 Hemenway Street Apt. 32 Boston, MA 02115 |

Title of the Invention: PERISTALTIC MIXING AND OXYGENATION SYSTEM**A) APPLICATION ELEMENTS:**1) _____ **Fee Transmittal Form** (original and duplicate submitted for fee processing)2) X **Applicant Claims Small Entity Status** (see 37 CFR §1.27)

a) _____ Statement Verifying Small Entity Status

3) X **Specification**TOTAL PAGES: 44

-Descriptive Title of the Invention

-Related Applications

-Background of the Invention

-Brief Description of the Drawings

-Description of Certain Preferred Embodiments of the Invention

-Claim(s)

-Abstract of the Invention

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4) ☒ **Drawing(s)** (35 U.S.C. § 113) TOTAL SHEETS: 19

a) ☐ Formal Drawings (if checked)

TOTAL PAGES 63

5) ☐ **Oath or Declaration**

a) ☐ Newly Executed (copy)

b) ☐ Copy from a prior application (37 C.F.R. § 1.63(d))-for
continuation/divisional application

c) ☐ Unexecuted

6) ☐ **Application Data Sheet.** See 37 CFR 1.76.

7) ☐ **CD-ROM or CD-R in duplicate, large table or Computer Program
(Appendix)**

8) ☐ **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all are
necessary)

a) ☐ Computer Readable Form (CRF)

b) ☐ Specification Sequence Listing on:

i) ☐ CD-ROM or CR-R; or

ii) ☐ Paper

c) ☐ Statements verifying identity of above copies

d) ☐ Amendment Introducing Sequence Listing

B) ACCOMPANYING APPLICATION PARTS:

9) ☐ **Assignment Papers**

10) ☐ **37 C.F.R. § 3.73(b) Statement**

11) ☐ **Power of Attorney**

12) ☐ **English Translation Document** (if applicable)

- 13)___ **Information Disclosure Statement (IDS)/PTO-1449**
- 14)___ **Copies of IDS Citations**
- 15)X **Return Receipt Postcard (MPEP 503)** (specifically itemized)
- 16)___ **Certified Copy of Priority Document(s)** (if foreign priority is claimed)
- 17)___ **OTHER:** (if applicable, specified below)

C) FOR CONTINUING APPLICATIONS:

___ CONTINUATION ___ DIVISIONAL ___ CONTINUATION-IN-PART (CIP)

OF PRIOR APPLICATION NO: _____
 FILED: _____
 EXAMINER: _____
 GROUP/ART UNIT: _____

FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: THE ENTIRE DISCLOSURE OF THE PRIOR APPLICATION, FROM WHICH AN OATH OR DECLARATION IS SUPPLIED AS DETAILED ABOVE, IS CONSIDERED A PART OF THE DISCLOSURE OF THE ACCOMPANYING CONTINUATION OR DIVISIONAL APPLICATION AND IS HEREBY INCORPORATED BY REFERENCE.

D.) PRIORITY CLAIM(S):

This application claims the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below:

| Application Number | Filing Date | Status |
|--------------------|-------------|--------|
|--------------------|-------------|--------|

PCT Applications designating the United States:

| Application Number | Filing Date | Status |
|--------------------|-------------|--------|
|--------------------|-------------|--------|

This application claims the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Provisional Application(s):

| Application Number | Filing Date | Status |
|--------------------|-------------|--------|
|--------------------|-------------|--------|

E) METHOD OF PAYMENT OF FILING FEES FOR THIS APPLICATION:

 X Applicant claims small entity status 37 CFR §1.27

 X A check is enclosed to partially cover the filing fees.

 X The Commissioner is hereby authorized to charge additional filing fees or credit any overpayment to Deposit Account Number 03-1721.

Basic Filing Fee (**SMALL** Entity) \$_____

Additional Fees:

Total Number of Claims in excess of 20: (____ x \$9) \$_____

Number of Independent Claims in excess of ____:(____ - 3) = ____ x 42 \$_____

Multiple Dependent Claims (\$140): \$_____

Total Filing Fee: \$_____

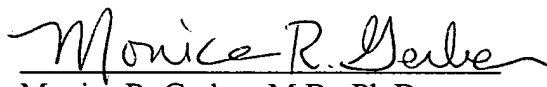
F) CORRESPONDENCE ADDRESS:

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Respectfully Submitted,


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Date: November 18, 2003